



Application for Admission

Date of Application: _____ for Grade _____ in September, 20__
or other start date: _____

Student Information

Legal Name: _____
(first) (middle) (last)

Preferred Name _____ Gender: M F Age _____

Date of Birth ____/____/____ Proof of age: birth certificate other _____
mo day year (please specify)

Country of Birth _____ Main language spoken at home _____

Status in Canada:

Canadian Citizen Landed Immigrant Study Permit other _____
(please specify)

non-Canadian citizens must submit proof of Landed Immigrant status for students and parents/guardian with the application

Education History

Present School: _____ Grade: _____

City: _____ Tel: _____

Has the applicant ever been suspended, expelled or been required to withdraw from any previous school? If yes, please explain _____

Indicate if any of the following apply (If yes, please provide documentation)

Psych Ed Assessment Y N ELL or ESL Support Y N

IEP Y N Behavioural Plan Y N

Learning Support Y N

Sibling Information

Full Name: _____ Date of Birth: _____ Current School: _____

Full Name: _____ Date of Birth: _____ Current School: _____

Full Name: _____ Date of Birth: _____ Current School: _____

Newbridge Academy



Household Information

Applicant will live in Canada with: Mother Father Guardian Custodian

Parent/Legal Guardian 1

Full Name: _____ Relationship to Applicant _____

cell: _____ email: _____

Occupation _____ Employer _____ work tel _____

Home Address: _____ City: _____ Prov: _____

Postal Code: _____ Country _____ home tel _____

Status: Canadian Citizen Landed Immigrant Study Permit other _____

Parent/Legal Guardian 2

Full Name: _____ Relationship to Applicant _____

cell: _____ email: _____

Occupation _____ Employer _____ work tel _____

Home Address: _____ City: _____ Prov: _____

Postal Code: _____ Country _____ home tel _____

Status: Canadian Citizen Landed Immigrant Study Permit other _____

Custodian (if applicable - custodian form must be completed and notarized)

Full Name _____ relation to applicant _____

home tel _____ cell: _____ email: _____

Occupation _____ Employer _____ work tel _____

Home Address: _____ City: _____

Prov: _____ Postal Code: _____

Status: Canadian Citizen Permanent Resident other _____

Note: Custodian must be a legal resident of Canada (please specify)



Applicant's Medical and Health Information

Student Name _____ BC Personal Health Number _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Private or Extended Health

Insurance Provider _____ Group Number _____

Primary Holder Name _____ Primary Holder Employer _____

Allergies _____

Is the student at risk of anaphylaxis(过敏反应)? N Y

Does the student take any medication regularly? N Y (if yes please provide details)

Are there any other medical concerns? N Y (if yes please provide details)

In the event of a medical emergency, I, the legal parent/guardian, hereby give my permission for employees of Newbridge Academy and any other staff working with the school's permission, to provide first aid treatment and arrange transport to the nearest appropriate medical facility. I understand that I will be obliged to cover the costs of any medical treatment provided.

I hereby certify the above information to be true, correct, and complete

Parent/Legal Guardian Name _____ (please print)

Parent/Legal Guardian Signature _____ Date _____

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Information for the Teacher

1. What type of learning has your child done this past year?

- | | | | |
|---------|--------------------------|--------------|--------------------------|
| Home | <input type="checkbox"/> | Online | <input type="checkbox"/> |
| Daycare | <input type="checkbox"/> | Face to face | <input type="checkbox"/> |
| ECE | <input type="checkbox"/> | Hybrid | <input type="checkbox"/> |
| School | <input type="checkbox"/> | | |

2. What are the strengths, weaknesses, and other qualities of your child?

3. Please describe any medical, physical, emotional or educational issues that might affect the applicant's academic performance.

4. Do you have any further comments or concerns that would help us in our work with your child?
(Include professional or therapeutic support):

Newbridge Academy

Address: Windsor Square Suite 246-1959 152 Street, Surrey BC V4A 9E3

Phone: (1)778-2910110

Website: www.newbridge-academy.ca



Application Checklist

Your application can only be processed if ALL the information on these pages is complete. Please include copies of the required documents with your application.

- Application fee of \$200 per applicant (non-refundable)
- Recent passport size photograph of the applicant
- Most recent school report and previous year final report
- Applicant's immunization records
- Applicant's birth certificate
- Applicants Care Card or other proof of medical insurance
- Applicant's Proof of Permanent Residency or Study Visa (if not born in Canada)
- Parent or Guardian's Proof of Canadian Citizenship, Permanent Residency, or Study/Work Visa
- Parent or Guardian's Proof of Residency (driver's license or utility bill – must match address on application)
- Any educational assessments from psychologists or other
- Custody order (if applicable)
- court-appointed guardianship (if applicable)

Admissions Agreement

I, the applicant's Parent(s) or Guardian(s) fully understand and agree to the following:

Submitting this application does not guarantee acceptance to Newbridge Academy. Admission relies upon several factors including the number of available spots in the school, the student's academic transcripts, history, admissions information and interview results.

The application fee is \$200 and is non-refundable.

Applications that are incomplete or missing required documentation may not be processed

Signature of Parent/Legal Guardian _____ Date _____

For office use only:

Date received _____

\$200 Application Fee: cash cheque online payment other

Received by: _____ (Signature) _____

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